Division of Health Care Facilities

PRINTED: 12/13/2012 FORM APPROVED

NAME OF PROVIDER OR SUPPLIER	TN7504		B. WING		1	FED	
NAME OF PROVIDER OR SUPPLIER				B. WING		12/10/2012	
				STATE, ZIP CODE		<u></u>	
COMMUNITY CARE OF RUTHERFO	ORD	901 COUNT MURFREES	Y FARM BORO, T	RD 'N 37127			
PREFIX FEACH DEFICIENCY MUST	X (EACH DEFICIENCY MUST BE PRECEDED BY		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFIGIENCY)		JLD BE	(X5) COMPLE DATE	
(1) A nursing home shall maintain the condition of the overall nursing home manner that the safety ar residents are assured.  This Rule is not met as eleased on observations, it facility failed to maintain the environment in such a male well-being of the residents.  The findings included:  On 12/10/12 at 2:00 PM, of the 'G' and 'l' halls revealed bathroom exhaust fan grilled. This finding was acknowled Administrator and verified it Director during the exit interest of the control of the exit interest.	construct, arrantifie physical plate environment in a well-being of evidenced by: was determined the overall nursing anner that the same assured.	ige, and nt and such a the if the ig home fety and		12/10/12 ~Observations throughout "G" and "I" halls revealed the resident bathroom exhaust grilles were directed to be a commentation of the cleaning.  12/11/12 — All exhaust grilles in resident bathrooms on "G" and "I" halls were cleaned. Surveyor acknowledged that the exhaust vents in question all functioned properly in spite of the fact that dust was present.  All exhaust vents in resident bathrooms have the potential to be affected.  12/20/12 Environmental Services staff in-serviced regarding cleaning of bathroom exhaust vents and documentation of the cleaning.  Environmental supervisory staff will audit 20% of all vents monthly for cleanliness x 3 months or until 100% compliance have been achieved, then quarterly for 12 months. All findings will be reported to the facility QAPI committee for recommendations, education, and interventions.	ty.		
n of Health Care Facilities	1 0 0	2/11	<u>,</u>		<del> </del>	<del></del>	
ATORY DIRECTOR'S OR PROVIDER/SUPPLI	JER REPRESENTATI	YE'S SIGNATURI	り - E	TITLE /2/3///	<i>(</i> ×6) D	ATE	
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